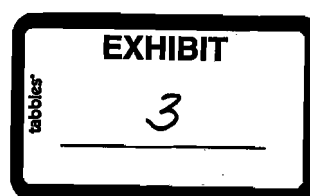




# Road Map to Retirement

STEP	ESTIMATED TIME	WHAT YOU NEED TO DO
1. You may want to consider calling Social Security for information on applying for Social Security and Medicare benefits when eligible.	► Prior to your retirement date	► Call 1-800-772-1213 or visit the Web site at <a href="http://www.ssa.gov">www.ssa.gov</a> .
2. Start the Retirement Process.	► 60 to 90 calendar days prior to your retirement date	► Call the GM Benefits & Services Center at 1-800-489-4646 to confirm eligibility and to initiate the retirement process.
3. If eligible, advise the Customer Service Associate at the GM Benefits & Services Center that you would like to start receiving your benefit payments.	► Preferably 45 calendar days prior to your effective retirement date	► If you are ready to make your elections, the Customer Service Associate at the GM Benefits & Services Center will take your elections during your initial phone call. ► Your initial elections are not final until you receive your Benefit Modeling Statement and re-affirm your elections by signing and returning the Pension Election Confirmation Statement.
4. A Benefit Modeling Statement that includes your personal benefit estimate and a Pension Election Confirmation Statement that reflects your initial pension elections will be mailed. These statements will detail the amount of your benefit payments, as well as any deductions you may have elected.	► Within 3-5 business days* of your initial call <i>*Assuming the GM Benefits &amp; Services Center has all necessary participant data</i>	► Review the Benefit Modeling Statement carefully. ► Review and re-affirm your elections on the Pension Election Confirmation Statement. ► Return all forms and supporting documentation to the GM Benefits & Services Center. ► <b>BE SURE THAT YOU SIGN AND DATE ALL FORMS.</b> ► Receipt of incomplete forms may delay your first pension check.
5. If you are eligible for GM health care and insurance in retirement, a Personal Fact Sheet that shows your health care and insurance options will be mailed to you.	► Within the next 10 business days of your initial call	► Review the health care and insurance coverage(s) available in retirement. ► If you do not want to make any changes, no action is necessary. ► If you want or need to make a change, call the GM Benefits & Services Center.
6. The GM Benefits & Services Center processes your Pension Election Confirmation Statement.	► 30 calendar days prior to retirement	► Call the GM Benefits & Services Center if you have questions.
7. The GM Benefits & Services Center sends your final statement, called your Retirement Confirmation Statement. This statement details the amount of your benefit payments, as well as any deductions you may have elected.		
8. You will receive your first check on or around your retirement effective date.	► Retirement commencement date	► Relax and ENJOY!
* 9. A Retiree Health Care and life insurance kit will be mailed to you.		



<p>10. If you have not yet elected your new health care and life insurance plans, you will receive a confirmation statement from the GM Benefits &amp; Services Center. You will have 31 days to elect your new plans.</p>		<p>If you are deferring your enrollment, you will receive a confirmation statement from the GM Benefits &amp; Services Center, assuming that you will have continuous coverage.</p> <ul style="list-style-type: none"> <li>► If you defer your enrollment to a later date, your effective date of coverage will be the day you enroll with the GM Benefits &amp; Services Center.</li> <li>► At this time, you may want to review your beneficiary designations. Visit <a href="http://gmbenefits.com">gmbenefits.com</a> to ensure that your beneficiaries are up to date.</li> </ul> <p><b>Health Care Enrollment Deadline: No later than 31 days after your retirement.</b></p>
<p>11. You will receive a confirmation of your health care and life insurance elections.</p> <p>12. If you elect new health care plans, new member ID cards will be issued by your carriers.</p>	<p>► Within 3 to 5 business days of your call</p>	<p>► Review your confirmation statement.</p> <p>► Call the GM Benefits &amp; Services Center if you have questions.</p>
<p>13. You may change your health care benefits if you experience life event changes. Life event changes may include:</p> <ul style="list-style-type: none"> <li>• Marriage</li> <li>• Divorce or legal separation</li> <li>• Birth, adoption or placement for adoption</li> <li>• Dropping a dependent child who is no longer an eligible dependent</li> <li>• Death of a dependent</li> <li>• A significant change in your spouse's health care coverage that is attributable to your spouse's employment</li> </ul> <p>You may change your life insurance coverage at any time.</p> <p>14. You may change the Direct Deposit information regarding your Retirement/Pension payments.</p> <p>15. You may change tax withholding elections regarding your benefit payments.</p> <p>16. A change in your marital status may affect the payment option you elected at retirement. The Notice Relating to Survivor Coverage included in this package describes in detail the effect a marital status change could have on your pension benefit.</p>	<p>► Any time after retirement</p>	<p>► Call the GM Benefits &amp; Services Center.</p> <p><b>GM BENEFITS &amp; SERVICES CENTER:</b>  <a href="http://www.gmbenefits.com">www.gmbenefits.com</a> 1-800-489-4646  Monday through Friday between  7:30 a.m. and 6:00 p.m., Eastern Time zone</p> <p><b>For Overseas Calls:</b>  Dial AT&amp;T Direct<sup>®</sup> access number,  then enter 877-833-9900</p> <p><b>TTY Service for Hearing or Speech Impaired:</b>  1-877-347-5225</p>

**IMPORTANT NOTICE to GMAC, MIC, GMAC Automotive Bank and Semperian employees:** When the sale of a majority interest in GMAC LLC was completed, you automatically became a participant in GMAC LLC sponsored benefit plans and no longer participate in GM sponsored benefit plans. Due to administrative complexities, during a transition period currently anticipated to end by January 1, 2008, you may receive benefits information which contains references to post-employment health care and life insurance coverages. Effective December 1, 2006, GMAC LLC does not provide any post-employment health care or life insurance coverages for retirees or for the surviving spouses of retirees. These coverages are only applicable to those GMAC, MIC, GMAC Automotive Bank and Semperian employees who, as of the sale date, were eligible for GM company contributions towards health care and life insurance in retirement. These benefits will be provided by GM upon such employee's retirement subject to the plan terms in effect at that time. As such, although certain portions of your benefits information may continue to reference GM sponsored benefit plans and/or will contain a GM logo, notwithstanding such references or logos, as a participant in GMAC LLC sponsored benefit plans, all GMAC LLC terms and conditions apply. In addition, no such reference gives any GMAC LLC employee rights to any GM-sponsored benefits after the sale, unless otherwise specified, nor does it establish an employment relationship with GM.



RETIREMENT

4.GM-B-8M ENVW GM10243356001000058

RICHARD F ZMIERSKI  
4088 VILLAGER  
ORION, MI 48359-0000

**GM Benefits & Services Center**

gmbenefits.com

1-800-489-4646

**International Access**

Dial AT&T Direct® Service Access Code, then

877-833-9900

**TTY Service for Hearing or Speech Impaired**

1-877-347-5225

October 23, 2008

RE: Retirement Election Confirmation Statement  
Plan Name: Retirement Program for Salaried Employees "the Program"

Dear RICHARD F ZMIERSKI:

Enclosed is your *Retirement Election Confirmation*. Please review it carefully to ensure that it accurately reflects the information that you provided to the Customer Service Associate.

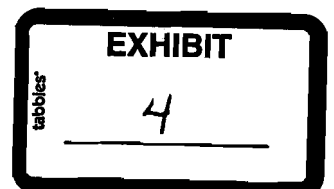
**The information contained in this confirmation, including the benefit amounts, is based on the Benefit Modeling Statement that you recently received. Your benefit amounts will be recalculated prior to your first payment based on current data on file at that time, and as a result of that calculation, the amount of your first payment may differ from the amounts being displayed in this statement.**

Please complete the following next steps:

- Complete the additional requested forms
- Make any necessary updates to the attached information
- Sign and date the confirmation
- Sign and date the *Supplemental Information to Your Benefits Statement/Authorization of Monthly Benefits* form
- Make a copy of the confirmation for your records
- Attach and return all required documents and forms in the enclosed postage-paid envelope

If the forms or documents are submitted incomplete, illegible or late, retirement payments may be delayed but will be paid retroactive to your desired Benefit Commencement Date and your lump sum payment will be recalculated to be paid on the next administratively available date.

This statement contains important information, so please review it carefully. Your Summary Plan Description, found online at gmbenefits.com, can provide further details about your benefit program. If you have any questions, please call the GM Benefits & Services Center toll-free at 1-800-489-4646, Monday through Friday, between 7:30 A.M. and 6:00 P.M., Eastern Time zone, to speak with a Customer Service Associate. From outside the U.S., dial your country's toll-free AT&T Direct® access number then enter 877-833-9900. In the U.S., call 1-800-331-1140 to obtain AT&T Direct access numbers. From anywhere in the world, access numbers are available online at [www.att.com/traveler](http://www.att.com/traveler) or from your local operator. You may also access benefit information online at gmbenefits.com.



The benefit amounts shown are based on information provided. Circumstances including, but not limited to, changes in information, data or Plan terms may impact the amounts. Errors will be corrected when found.

Social Security benefits may supplement your retirement income. For more information about Social Security benefits, contact the Social Security Administration at 1-800-772-1213 or online at [www.ssa.gov](http://www.ssa.gov).

Sincerely,

**GM Benefits & Services Center**  
1-800-489-4646



Please return this page

**Pension Election Confirmation**  
**Personal Information:**

Name: RICHARD F ZMIERSKI  
Social Security Number: [REDACTED]  
Date of Birth: 07/28/1946  
Credited Service: 25.1667 Years  
Benefit Class Code: D  
Eligibility Service: 27 Years  
Retirement Type: VOLUNTARY-AGE 60 TO 65

**Retirement Election Confirmation for the Program:**

This is a confirmation of your retirement payment elections from the Program.

**Benefit Commencement Election:**

Benefit Commencement Date: 11/01/2008  
Benefit Payment Option: 65% Surviving Spouse Coverage Annuity  
Total to Participant: \$3,297.15  
Total to Surviving Spouse: \$2,143.16

**Federal Tax Withholding Election:**

Tax Marital Status: Married  
Number Of Exemptions: 2  
Additional Withholdings: \$0.00

**State Tax Withholding Election:**

State: MI  
Tax Marital Status:  
Number Of Exemptions: 0  
Additional Withholdings: \$0.00

**Direct Deposit (Electronic Fund Transfer) to Bank Election:**

Bank Name: [REDACTED]  
Bank Routing Number (ABA): [REDACTED]  
Account Number: [REDACTED]  
Account Type: [REDACTED]  
*Richard F Zmierski* [REDACTED]  
C

**Beneficiary Election:**

The beneficiary elections and retirement benefit election on this confirmation shall supersede all previously elected beneficiary designations in paper or online. The beneficiary listed below applies to the benefits from the SRP.



4 C C 0 0 3 Q 0 E



Please return this page

Name of Beneficiary:  
SSN:  
Relationship:  
Birth Date:

KAREN ZMIERSKI  
[REDACTED]  
Spouse  
11/04/1955

Please note: If you have not been married for one year and you are electing surviving spouse coverage, this coverage will not be effective until the month following the anniversary date of your marriage.

**Authorized Deductions from the SRP:**



Please return this page

### Your Retirement Election Authorization

I acknowledge that I have reviewed all of the information contained in my Benefit Modeling Statement.

I acknowledge the above elections to be correct and authorize the GM Benefits & Services Center to process this request to distribute my retirement benefit from the Program.

I understand that benefits cannot be paid to me until I return the signed and completed Election Authorization in good order together with all requested documents.

My signature below certifies that I received my statement, including the description of the payment options available to me at least 30 days but not more than 90 days before my Benefit Commencement Date, or that I am waiving my right to have received it at least 30 days before my Benefit Commencement Date. I understand that I have the right to make a written request for additional information.

I authorize the GM Benefits & Services Center to credit to my account with my retirement payment each month effective as soon as administratively possible, and authorize any required adjustments needed to correct errors or overpayments that may occur as a result of this direct deposit authorization.

If any deposits are made following the month of my death, I authorize and direct the financial institution to refund from my account to GM Benefits & Services Center for the benefit of the Retirement Program for Salaried Employees' Trust those funds still available from such deposits.

I further understand that the Retirement Program for Salaried Employees' Trust assumes no cost, responsibility, or liability for delay or errors that may occur as a result of delivery of my payment. If an error does occur, I will contact my bank. For my convenience, I hereby direct the General Motors Retirement Program for Salaried Employees (hereinafter the "SRP") to pay from payments due me under the SRP the contribution amounts required under the General Motors Life and Disability Benefits Program for Salaried Employees or the General Motors Salaried Health Care Program. I understand that these amounts will be paid to the General Motors Salaried Life and Disability Benefits Program for Salaried Employees, the General Motors Salaried Health Care Program, or General Motors Corporation, as applicable, and that this direction is revocable by me at any time. This direction applies to such coverage and to the contribution rates for such coverage, as presently constituted or hereafter changed and shall continue to apply until revoked by me in writing or, if earlier, the date such coverage ceases under the terms of the applicable Programs. I am voluntarily giving this direction in order to reduce my paperwork and mailings and to reduce the risk of late or non-payment. I understand that I may revoke this request at any time by sending another form to the GM Benefits & Services Center. In the event my plan benefits are insufficient to cover any required contribution, I understand that I will be required to make direct payments to General Motors if I wish to keep my elected coverage in force. I further understand that if I fail to make the required contributions (by deduction or by direct payment), my coverage may lapse or may change to default coverage and I may be ineligible for reinstatement of coverage at a later date.

Your Name: RICHARD F ZMIERSKI

Social Security Number: [REDACTED]

Your Signature: *Richard F Zmierski*

Date: 10-28-2008



*You must sign and date this form for your election to be processed.*

## Your Next Steps

- Required Documents

**Originals** (*Make copies for your records and return the original*)

- Sign the original *Pension Election Confirmation Statement (PES)*
- Sign and date the *Supplemental Information to Your Pension Election Confirmation Statement/Authorization of Monthly Benefits* form

**Copies** (*Keep the originals and return the copies*)

- Copy of your proof of birth

If you are married and have chosen an annuity option which provides benefits to your spouse in the event of your death, you also need to return:

- Copy of your spouse's proof of birth
- Copy of your proof of marriage
- Copy of your spouse's Social Security card

- Return all required documents using the enclosed postage-paid return envelope or mail to:

**GM Benefits & Services Center**  
PO Box 770003  
Cincinnati, OH 45277-0070





Please return this page

**Payment Election Confirmation for  
2008 Window Retirement Program  
Six Months Base Salary Equivalent Benefit**

**Benefit Commencement Election for Six Months Base Salary Equivalent Benefit:**

Benefit Commencement Date	11/01/2008
Benefit Payment Option	Lump Sum
Total to Participant	\$63,600.00

**SPOUSAL CONSENT** (If you are married and did not elect a 50% or 75% Contingent Annuitant Option for your spouse or you are naming a beneficiary other than your spouse, you MUST complete this section)

If you are married you must provide your spouse's written notarized consent. Federal law requires that you provide notarized spousal consent no more than 90 days prior to your Benefit Commencement Date.

I am the spouse of the named participant. I have reviewed the description of the 50% and 75% Contingent Annuitant Option with the spouse as beneficiary as described in the Payment Option Descriptions For the Six Months Base Salary Equivalent Benefit section of the Modeling Statement for the 2008 Window Retirement Program Six Months Base Salary Equivalent Benefit. I acknowledge that I have a right to receive the 50% or 75% Contingent Annuitant Option for the Six Months Base Salary Equivalent Benefit in lieu of any form of benefit available from the Program. By signing this form, I acknowledge and consent to the election made by the participant of an optional form of payment and/or different contingent annuitant other than myself on this form for the Six Months Base Salary Equivalent Benefit Payment. I understand that this will result in the elimination or reduction of my right to the Six Months Base Salary Equivalent Benefit Payment.

Signature of Participant's Spouse  Date 10-29-08

BEFORE ME, the undersigned official, on this date OCTOBER 29, 2008,  
KAREN SUE ZMIERSKI (Name of Spouse) who is known to me to be the person named as the  
affiant above and first being duly sworn according to law upon his/her oath said: I am over 18 years of age. I am fully  
competent to make this affidavit and the facts to which my signature applies and which are stated herein are true and  
correct.

Sworn and subscribed before me this 29<sup>th</sup> day of OCTOBER in the year 2008

State of MICHIGAN

County of OAKLAND ACTING IN COUNTY OF MACOMB (seal)

Notary Public (Signature) 

(Print Name) BARBARA ANN SCHALK

My commission expires FEB. 27, 2014 (Date)

**BARBARA A. SCHALK**  
Notary Public, State of Michigan  
Oakland County  
My Commission Expires February 27, 2014

**YOUR SIX MONTHS BASE SALARY EQUIVALENT BENEFIT PAYMENT ELECTION AUTHORIZATION**

I acknowledge that I have reviewed all of the information contained in my *2008 Window Retirement Program Modeling Statement*.

I acknowledge the above election to be correct and authorize the GM Benefits & Services Center to process this request to distribute my Six Months Base Salary Equivalent Payment benefit from the Program.

I understand that benefits cannot be paid to me until I return the signed and completed Six Months Base Salary Equivalent Payment Election Confirmation in good order together with any other requested documents.

My signature below certifies that I received my *2008 Window Retirement Program Modeling Statement*, including the description of the payment options available to me at least 30 days but not more than 90 days before my Benefit Commencement Date, or that I am waiving my right to have received it at least 30 days before my Benefit Commencement Date. I understand that I have the right to make a written request for additional information.

If I elected direct deposit, I authorize the GM Benefits & Services Center to credit my account with my retirement payment(s) effective as soon as administratively possible, and authorize any required adjustments needed to correct errors or overpayments that may occur as a result of this direct deposit authorization.

If any deposits are made following the month of my death, I authorize and direct the financial institution to refund from my account to the GM Benefits & Services Center for the benefit of the Retirement Program for Salaried Employees Trust those funds still available from such deposits.

I further understand that the Retirement Program for Salaried Employees Trust assumes no cost, responsibility, or liability for delay or errors that may occur as a result of delivery of my payment. If an error does occur, I will contact my bank.

Your Name: RICHARD F ZMIERSKI

Social Security number: 369-46-8884

Your Signature:  Date: 10-28-2008



*You must sign and date this form for your election to be processed.*

Management Signature: GM Benefits and Services Center

Date: \_\_\_\_\_

**YOU MUST RETURN ALL PAGES OF  
THE 2008 WINDOW RETIREMENT PROGRAM STATEMENT**



**Supplemental Information to Your Pension Election  
Confirmation Statement  
Authorization of Monthly Benefits  
Retirement Program for Salaried Employees**

Please sign and return this form to the GM Benefits & Services Center. After you sign the form, please make a copy for your files and return the original and the requested documents in the enclosed postage-paid return envelope or mail to:

**GM Benefits & Services Center**  
PO Box 770003  
Cincinnati, OH 45277-0070

If you have any questions, please call the GM Benefits & Services Center toll-free at 1-800-489-4646, Monday through Friday, between 7:30 A.M. and 6:00 P.M., Eastern Time zone, to speak with a Customer Service Associate. From outside the U.S., dial your country's toll-free AT&T Direct® access number then enter 877-833-9900. In the U.S., call 800-331-1140 to obtain AT&T Direct access numbers. From anywhere in the world, access numbers are available online at [www.att.com/traveler](http://www.att.com/traveler) or from your local operator.

I have read and understand the data shown on the Pension Election Confirmation Statement applicable to my retirement under the Retirement Program for Salaried Employees. I further understand that:

1. If I become eligible for a Social Security Disability Insurance Benefit or an unreduced Social Security Benefit prior to attaining 1) age 62 and 1 month, or 2) the age at which I am eligible for 80% of an unreduced Social Security Benefit, I immediately will furnish to the GM Benefits & Service Center evidence of the effective date of my entitlement to such benefit.

In such case, any Temporary Benefit I may be receiving will cease to be payable. Any supplement that I may be receiving will be reduced in accordance with applicable provisions of the Retirement Program for Salaried Employees. Such cessation or reduction will be effective as of the first month for which I initially become entitled to such Social Security Benefit, but not prior to the effective date of my retirement.

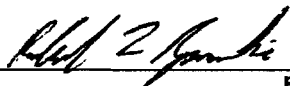
Any overpayment of my retirement benefits resulting from my receipt of such Social Security Benefit must be refunded by me in its entirety. Otherwise, my retirement benefits will be suspended in accordance with Program provisions until the total amount suspended equals the total amount of the overpayment.

2. In connection with any eligibility I may have to receive either a monthly Temporary Benefit or a supplement under applicable provisions of the Retirement Program, I hereby authorize the Social Security Administration to release to the General Motors Corporation and/or their third party processing provider, on a continuing annual basis, my Social Security Disability Insurance Benefit status, as may be specified by the Corporation.

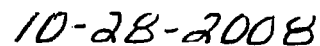
I understand that the information the Social Security Administration provides may include verification of my Social Security number and any death indication. My consent allows no additional information to be provided from my Social Security records, and the information provided will be used for the purpose of determining benefits under the provisions of the Retirement Program for Salaried Employees.

I also understand this authorization will remain in effect on a continuing basis, while I am receiving benefits under this program unless cancelled by me by written notice to the Social Security Administration and the requesting Corporation.

3. If Workers Compensation benefits become payable to me, a deduction may be from my monthly benefits otherwise payable under the Retirement Program. The deduction will equal the full amount of such Workers Compensation benefits, unless otherwise provided under applicable provisions of the Retirement Program.
4. If I am entitled to a Special Benefit because of my age or disability status and I am enrolled in Medicare Part B, such benefit will be paid under the Health Care Program for Salary Employees, but will be included in my monthly retirement check.
5. I understand that my vested pension benefits are mine for my lifetime. The General Motors Corporation, however, reserves the right to amend, modify, suspend or terminate any of its benefit plans or programs. The benefits to which a retiree is entitled are determined solely by the provisions of the applicable benefit program.



Employee Signature



Date



**You must sign and date this form.**



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